



# BENTLEY UNIVERSITY

Cronin Office of International  
Education

## Instructions:

Before completing this appeal form, review the International Education Office's Cancellation and Refund Policy and communicate with your Study Abroad Advisor to discuss your options. The deadline for your appeal form is no later than one month after your official cancellation date. Appeals for refunds will not be approved for reasons of failure to cancel or for non-attendance, including foreseeable date conflicts.

For more information on program refunds visit <https://www.bentley.edu/offices/international-education/refund-policy>. Questions regarding this form or the appeal process can be directed to your study abroad advisor. If you decide to proceed with the appeal process, you must:

- Complete Sections A through C below
- Attach the required supporting documentation and personal statement
- Submit this information to the Cronin Office of International Education via email ([ga\\_study\\_abroad@bentley.edu](mailto:ga_study_abroad@bentley.edu))

The decision regarding your appeal will be sent to the email address you list below after the committee has met.

## Section A: Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Telephone (with area code) \_\_\_\_\_ Email Address \_\_\_\_\_ Student ID \_\_\_\_\_

Program Name \_\_\_\_\_

Term/Year of Cancellation:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Academic Year 20__-20__ | <input type="checkbox"/> Calendar Year 20__-20__ | <input type="checkbox"/> Fall 20__   |
| <input type="checkbox"/> Spring 20__             | <input type="checkbox"/> Winter Break 20__       | <input type="checkbox"/> May 20__    |
|  |  | <input type="checkbox"/> Summer 20__ |

## Section B: Reason for Appeal

Please check the box that corresponds to the reason for your appeal. Attach a personal statement explaining your reason and provide required documentation. Required documentation should be dated and on official letterhead.

Reason	Required Documentation
<input type="checkbox"/> Medical	Letter from attending physician
<input type="checkbox"/> Illness/Death in Immediate Family	Letter from attending physician/copy of death certificate
<input type="checkbox"/> Military Activation	Copy of military activation orders
<input type="checkbox"/> Unanticipated Change in Financial Situation	Copy of paperwork documenting bankruptcy, loss of employment, etc.
<input type="checkbox"/> Other	Required documents to support your claim

## Section C: Student Certification

I understand the impact my study abroad program cancellation will have on my current and future registration, GPA, and progress toward graduation, as well as financial aid (if applicable). I have also informed the necessary parties including my academic adviser and the Office of Student Finance (if applicable) about the program cancellation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### For office use only

Approved?  Yes  No Decision \_\_\_\_\_

Effective Date of Adjustment/Refund \_\_\_\_\_ Term/Year \_\_\_\_\_

Amount Balance Due \_\_\_\_\_ By Date \_\_\_\_\_